

<i>SERFF Tracking Number:</i>	<i>NGLI-128350824</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>NGLVI-SAFE-2010</i>		
<i>TOI:</i>	<i>H20G Group Health - Vision</i>	<i>Sub-TOI:</i>	<i>H20G.000 Health - Vision</i>
<i>Product Name:</i>	<i>Safety Glasses Rider</i>		
<i>Project Name/Number:</i>	<i>Safety Glasses Rider/</i>		

Filing at a Glance

Company: National Guardian Life Insurance Company

Product Name: Safety Glasses Rider

SERFF Tr Num: NGLI-128350824 State: Arkansas

TOI: H20G Group Health - Vision

SERFF Status: Closed-Approved-Closed
Closed

Sub-TOI: H20G.000 Health - Vision

Co Tr Num: NGLVI-SAFE-2010

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Authors: Peggy Kratz, CarLee Cramer

Disposition Date: 05/11/2012

Date Submitted: 05/10/2012

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

General Information

Project Name: Safety Glasses Rider

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Group Market Type: Employer

Filing Status Changed: 05/11/2012

State Status Changed: 05/11/2012

Created By: CarLee Cramer

Corresponding Filing Tracking Number:

Filing Description:

Arkansas Department of Insurance

Filing submitted via SERFF

Status of Filing in Domicile: Authorized

Date Approved in Domicile: 12/23/2010

Domicile Status Comments:

Market Type: Group

Group Market Size: Small and Large

Overall Rate Impact:

Deemer Date:

Submitted By: CarLee Cramer

RE: National Guardian Life Insurance Company

NAIC # 66583 - FEIN# 39-0493780

Safety Glasses Rider - NGLVI-SAFE-2010

Dear Commissioner,

SERFF Tracking Number: NGLI-128350824 State: Arkansas
Filing Company: National Guardian Life Insurance Company State Tracking Number:
Company Tracking Number: NGLVI-SAFE-2010
TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision
Product Name: Safety Glasses Rider
Project Name/Number: Safety Glasses Rider/

The enclosed rider form was approved by the Department on November 24, 2010 under SERFF tracking number NGLI-126918540. When the form was filed, we had intended to show the administrator information at the top of page one as variable text. We are submitting this filing in order to revise the form to show this text as variable.

The form has not been issued to any groups sitused in Arkansas and is intended to be a substitution for the previously approved form. The form will remain the same in all other respects as approved but for making the administrator data variable.

Please contact me if you have any questions/concerns. Your review of this amended form is greatly appreciated.

Sincerely,

CarLee Cramer
State Narrative:

Company and Contact

Filing Contact Information

CarLee Cramer, chcramer@nglic.com
2 E. Gilman Street 608-443-5371 [Phone]
Madison, WI 53701

Filing Company Information

National Guardian Life Insurance Company	CoCode: 66583	State of Domicile: Wisconsin
P.O. Box 1191	Group Code: 1211	Company Type: LAH
Madison, WI 53701-1191	Group Name:	State ID Number:
(800) 626-7931 ext. 5325[Phone]	FEIN Number: 39-0493780	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	Fee for filing and review of health rider form is \$50.00.
Per Company:	No

SERFF Tracking Number: *NGLI-128350824* *State:* *Arkansas*
Filing Company: *National Guardian Life Insurance Company* *State Tracking Number:*
Company Tracking Number: *NGLVI-SAFE-2010*
TOI: *H20G Group Health - Vision* *Sub-TOI:* *H20G.000 Health - Vision*
Product Name: *Safety Glasses Rider*
Project Name/Number: *Safety Glasses Rider/*

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
National Guardian Life Insurance Company	\$50.00	05/10/2012	59085454

<i>SERFF Tracking Number:</i>	<i>NGLI-128350824</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>NGLVI-SAFE-2010</i>		
<i>TOI:</i>	<i>H20G Group Health - Vision</i>	<i>Sub-TOI:</i>	<i>H20G.000 Health - Vision</i>
<i>Product Name:</i>	<i>Safety Glasses Rider</i>		
<i>Project Name/Number:</i>	<i>Safety Glasses Rider/</i>		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	05/11/2012	05/11/2012

<i>SERFF Tracking Number:</i>	<i>NGLI-128350824</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>NGLVI-SAFE-2010</i>		
<i>TOI:</i>	<i>H20G Group Health - Vision</i>	<i>Sub-TOI:</i>	<i>H20G.000 Health - Vision</i>
<i>Product Name:</i>	<i>Safety Glasses Rider</i>		
<i>Project Name/Number:</i>	<i>Safety Glasses Rider/</i>		

Disposition

Disposition Date: 05/11/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>NGLI-128350824</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>National Guardian Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>NGLVI-SAFE-2010</i>		
<i>TOI:</i>	<i>H20G Group Health - Vision</i>	<i>Sub-TOI:</i>	<i>H20G.000 Health - Vision</i>
<i>Product Name:</i>	<i>Safety Glasses Rider</i>		
<i>Project Name/Number:</i>	<i>Safety Glasses Rider/</i>		

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Actuarial Memorandum	Approved-Closed	No
Supporting Document	Statement of Variability	Approved-Closed	Yes
Form	Safety Glasses Rider	Approved-Closed	Yes

SERFF Tracking Number: NGLI-128350824 State: Arkansas

Filing Company: National Guardian Life Insurance Company State Tracking Number:

Company Tracking Number: NGLVI-SAFE-2010

TOI: H20G Group Health - Vision Sub-TOI: H20G.000 Health - Vision

Product Name: Safety Glasses Rider

Project Name/Number: Safety Glasses Rider/

Form Schedule

Lead Form Number: NGLVI-SAFE-2010

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 05/11/2012	NGLVI-SAFE-2010	Policy/Contract/ Certificate: Amendment, Insert Page, Endorsement or Rider	Safety Glasses Rider	Other	Other Explanation: Substitution for form previously filed	51.500	NGLVI-SAFE 2010 revised 2012.03.14.pdf



A Mutual Company Incorporated in 1909
PO Box 1191 • Madison, WI 53701-1191

Administrator: [Name of Administrator
Street Address
City State Zip]

SAFETY GLASSES RIDER

Attached to and made part of this Policyholder's Group [Vision] Policy and Certificate of Insurance issued under such Policy. It is hereby agreed that the Policy and Certificate are amended by adding the benefit provisions as defined below:

This Rider Covers: [Employees who are insured under the [Vision] Policy.]

Effective Date: This Rider is effective on [Month, Day, Year].

Termination Date: Coverage for Insured under the Rider stops on the same date as coverage stops under the Policy/Certificate to which it is attached.

In addition to the coverage provided by this plan for standard lenses and frames, we cover safety glasses subject to the following specifications:

[Safety Glasses Eye Exam: We cover charges for a supplemental eye exam for safety glasses. If the exam is received from a participating provider, we cover such charges in full in excess of this plan's safety eye exam copay, if any.]

[Safety Lenses: We cover charges for the necessary corrective polycarbonate , single vision, bifocal, trifocal or standard progressive lenses. The frames and lenses must be tested and certified as safe for the work environment according to current American National Standards Institute (ANSI) standards for Basic or High Impact performance. A minimum prescription change of +/- .38 diopter is required.]

[Safety Frames: We cover charges for standard safety frames collections approved by Us.]

FREQUENCY OF SAFETY GLASSES SERVICES	
Your Certificate is on a Rolling Benefit Plan Basis	
Safety Glasses Eye Exam:	Once every [Not covered/12/24] Months
Safety Lenses:	Once every [12/24] Months
Safety Frames:	Once every [12/24] Months

CO-PAY (PER INSURED)

	Participating Safety Providers	Out-of-Network Providers
Safety Glasses Eye Exam:	[Not covered/ \$10]	[Not covered]
Safety Lenses:	[\$0/\$25]	[Not covered]
Safety Frames with side shields:	[\$0/\$25]	[Not covered]

BENEFITS AND ALLOWANCES

	Participating Safety Providers	Out-of-Network Providers
[Safety Glasses Eye Exam:		
By Ophthalmologist	[Not covered /Covered in full]	[Not covered]
By Optometrist	[Not covered / Covered in full]	[Not covered]
Materials- Safety Lenses		
Single Vision	[Covered in full]	[Not covered]
Bifocals	[Covered in full]	[Not covered]
Standard Progressives	[Covered in full]	[Not covered]
Trifocals	[Covered in full]	[Not covered]
Materials – Safety Frames with side shields:	[Approved Safety Collection frames covered in full (\$27 retail allowance at Wal-Mart Vision Centers)]	[Not covered]]

You are responsible for the cost of any frame upgrades and lens add-ons.

Where an "Allowance" is shown, You are responsible for paying any charges in excess of the Allowance. Plan is not responsible for any sales tax.

Exclusions

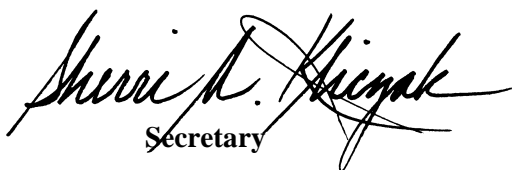
We do not cover:

- Safety glasses for covered dependents;
- Dress-wear lenses instead of safety materials;
- Rimless lenses; or
- Expenses associated with securing materials such as lenses and frames.
- Plano lens

We do not coordinate benefits for safety glasses.

This rider is subject to all terms, conditions and provisions of the Policy/Certificate that are not inconsistent with it. Except as stated in this rider, nothing contained in this rider changes or affects any other terms of the Policy/Certificate.

Signed for National Guardian Life Insurance Company, at its Home Office in Madison, Wisconsin.


Secretary


President

SERFF Tracking Number:	NGLI-128350824	State:	Arkansas
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TOI:	H20G Group Health - Vision	Sub-TOI:	H20G.000 Health - Vision
Product Name:	Safety Glasses Rider		
Project Name/Number:	Safety Glasses Rider/		

Supporting Document Schedules

	Item Status:	Status Date:
Satisfied - Item: Flesch Certification	Approved-Closed	05/11/2012
Comments:		
Attachments:		
Certificate of Compliance 2012.05.10.pdf		
Certification of Readability 2012.05.10.pdf		

	Item Status:	Status Date:
Satisfied - Item: Application	Approved-Closed	05/11/2012
Comments:		
The enclosed rider form will be used with the group vision policy form NVIGRP 5/07 et al., approved on August 16, 2007.		

	Item Status:	Status Date:
Satisfied - Item: Actuarial Memorandum	Approved-Closed	05/11/2012
Comments:		
Attachment:		
Actuarial Memo - NGL Vision Safety Glasses Rider.pdf		

	Item Status:	Status Date:
Satisfied - Item: Statement of Variability	Approved-Closed	05/11/2012
Comments:		
Attachment:		
Statement of Variability-NGLVI-SAFE-2010 revised 2012.03.14.pdf		



CERTIFICATE OF COMPLIANCE

Name Of Insurer: National Guardian Life Insurance Company

Form No: NGLVI-SAFE-2010

I certify that this form and related writings comply with all laws, rules, bulletins and published guidelines applicable to the particular type of form.

Mathew J. Dew

May 10, 2012

Signature

Date

Mathew J. Dew

VP and General Counsel

Individual responsible for this filing:

Name: CarLee H. Cramer

Title: Paralegal

Phone #: (608) 443-5371

Email: chcramer@nglic.com

National Guardian Life Insurance Company (NGL) • Two East Gilman Street • PO Box 1191 •
Madison WI 53701-1191

608.257.5611 • 800.548.2962 • Fax: 608.257.4308 • www.nglic.com



CERTIFICATION OF READABILITY

I, Mathew J. Dew, an officer of the National Guardian Life Insurance Company, certify that the Flesch score for the submitted form is listed below:

<u>Forms</u>	<u>Flesch Scores</u>
NGLVI-SAFE-2010	51.5

May 10, 2012

Signature

Date

Mathew J. Dew

Vice President and General Counsel

Individual responsible for this filing:

Name: CarLee H. Cramer

Title: Paralegal

Phone #: (608) 443-5371

Email: chcramer@nglic.com

GROUP VISION PRODUCT – SAFETY GLASSES RIDER – Form NGLVI-SAFE-2010
STATEMENT OF VARIABILITY

The variable text contained in this rider may be modified as follows:

The information on the Schedule will be completed with information specific to the group issued, i.e., type of coverage, who the rider covers and the effective date and termination date.

Administrator information may be changed in order to permit use of the rider form by multiple administrators.

Section I – Safety Glasses Eye Exam

This section may be removed entirely.

Section II – Safety Lenses

This section may be removed entirely or modified for type of lens, changes in safety standards, or minimum prescription.

Section III – Safety Frames

This section may be removed entirely or modified for frame collection.

Section IV – Frequency of Safety Glasses Services

The safety glasses eye exam may or may not be covered. If covered, it will be offered either every 12 or every 24 months.

Safety lenses coverage will be offered either every 12 or every 24 months.

Safety frames coverage will be offered either every 12 or every 24 months.

Section V – Co-Pay (Per Insured)

There is currently no Out-of-Network coverage for this rider, but there may be in the future. Co-pays for Participating Safety Providers are as follows:

The safety glass eye exam may or may not be covered. If covered, the co-pay will be \$0 to \$10.

The co-pay for safety lenses will be \$0 to \$25.

The co-pay for safety frames will be \$0 to \$25.

Section VI – Benefits and Allowances

There is currently no Out-of-Network coverage for this rider, but there may be in the future. Benefits and Allowances for Participating Safety Providers are as follows:

The safety glass eye exam may or may not be covered. If covered, the benefit is covered in full after co-pay.

The benefits for safety lenses are covered in full after co-pay.

The benefits for safety frames from the Approved Safety Collection are covered in full after co-pay. Retail allowance at Wal-Mart may vary.